

2011

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Schrodtt, Paul and Braithwaite, Dawn O., "Coparental communication, relational satisfaction, and mental health in stepfamilies" (2011). *Papers in Communication Studies*. 83.

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# Coparental communication, relational satisfaction, and mental health in stepfamilies

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## Abstract

This study tested a series of actor-partner interdependence models of coparental communication, relational satisfaction, and mental health in stepfamilies. Participants included 127 couples ( $N = 254$ ). Results revealed 2 actor-oriented models whereby parents' and stepparents' coparental communication quality positively predicted their own (but not their partners') satisfaction and mental health. A final model revealed that parents' relational satisfaction mediated the effect of coparental communication on their own mental health. A similar pattern emerged for stepparents, although coparental communication continued to have a direct, positive effect on stepparents' mental health. Importantly, parents' coparental communication produced an inverse partner effect on stepparents' mental health, highlighting the potential stress stepparents may experience as they are called upon to help raise their spouse's offspring.

Perhaps no other family experience is simultaneously more rewarding and more challenging than coparenting children. According to Feinburg (2003), "Coparenting occurs when individuals have overlapping or shared responsibility for rearing particular children, and consists of the support and coordination (or lack of it) that parental figures exhibit in childrearing" (p. 96). Although considered a component of the interparental relationship, coparenting does not include the parents' romantic, financial, sexual, or other relations that are not directly associated with parenting children (McHale, Lauretti, Talbot, & Pouquette, 2002). To date, researchers have demonstrated that coparenting in first-marriage families is more predictive of parents' and children's adjustment than is general marital quality, that coparenting accounts for

variance in parenting and child outcomes after controlling for individual parent characteristics, and that coparenting is more predictive of marital quality than marital quality is of coparenting (Feinburg, Kan, & Hetherington, 2007; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004).

Given the centrality of the coparenting relationship to family functioning, it comes as no surprise that family researchers have examined coparental communication and its impact on marital, parental, and children's adjustment. The bulk of this research has examined coparenting in either first-marriage families as married adults make the transition to parenthood (e.g., Feinburg et al., 2007; Margolin, Gordis, & John, 2001; McHale et al., 2002; Schoppe-Sullivan et al., 2004) or in postdivorce families as ex-spouses

attempt to coparent children across different households (e.g., Ahrons & Tanner, 2003; Bonach, Sales, & Koeske, 2005; Schrodt, Baxter, McBride, Braithwaite, & Fine, 2006). Despite the value of both these bodies of research, coparenting relationships within stepfamily households have received far less attention. In their most recent decade in review, for example, Coleman, Ganong, and Fine (2000) summarized empirical research on remarriage and stepfamily relationships from more than 850 publications in the 1990s. After synthesizing this tremendous body of work, Coleman and colleagues identified six broad categories of research within which 92% of the empirical findings could be classified. Ironically, research on coparenting relationships between residential parents and stepparents was missing altogether from their review. Given the unique challenges that remarried (or cohabiting) couples face as they coparent children in stepfamilies, as well as the centrality of the coparenting relationship to family functioning in general, such a void in the stepfamily literature warrants further research.

Thus, the primary purpose of our investigation was to examine the extent to which perceptions of coparental communication quality predict relational satisfaction and mental health among couples coparenting children in stepfamilies. Coparenting in stepfamilies presents its own unique set of challenges given that the coparental relationship between residential parents and their new partners co-occurs and even, at times, precedes the development of the remarried relationship. Researchers have pointed to the importance of parents and stepparents creating and communicating a unified front to their children (Cissna, Cox, & Bochner, 1990; Golish, 2003). Nevertheless, several challenges remain as stepparents navigate tremendous role ambiguity within the stepfamily (Fine, Coleman, & Ganong, 1998; Schrodt, 2006), as biological parents wrestle with a “guard-and-protect” ideology toward their children that often fuels stepfamily conflict (Coleman, Fine, Ganong, Downs, & Pauk, 2001), and as loyalty divides and feelings of triangulation complicate stepfamily formation and development (Afifi & Schrodt, 2003; Amato & Afifi, 2006; Schrodt & Afifi, 2007). To the extent that

coparental communication links the quality of the interparental relationship to individual and relational outcomes in stepfamilies (cf. Margolin et al., 2001), coparents’ reports of relational satisfaction and mental health should vary as a function of their perceptions of coparental communication. Therefore, in this study, we tested this line of reasoning with a sample of 127 stepfamily dyads using a series of actor-partner interdependence models (APIMs).

### *Theoretical perspective*

Theoretical models of coparenting in first-marriage families have identified core features of the coparental alliance, including the *degree of solidarity and support* between the coparental partners, any *dissonance or antagonism expressed* during the adults’ coparental strivings, and the extent to which both partners *participate actively* in engaging with and directing the children (Feinburg, 2003; McHale et al., 2002). In postdivorce families, researchers examining coparenting have focused almost exclusively on the degree of support and/or hostility expressed between ex-spouses as they raise their children across different households (e.g., Ahrons, 1981, 2006; Ahrons & Tanner, 2003; Bonach et al., 2005). That being said, it is important to note that coparenting distress is not equivalent to couple relationship distress, nor is coparenting positivity equivalent to couple intimacy (Feinburg et al., 2007).

Given the centrality of the coparental relationship to overall family functioning, it follows that coparental communication quality (i.e., supportive and nonhostile) would be positively associated with coparents’ relational satisfaction and mental health. In fact, Schoppe-Sullivan and colleagues (2004) conducted a longitudinal investigation of coparenting in first-marriage families and found that early coparenting was an important predictor of later marital behavior beyond the stability already present in marital behavior. Interestingly, the reverse was not true; early marital behavior did not forecast later coparenting behavior beyond stability in coparenting. In essence, the quality of the coparenting relationship affected the trajectory of the quality of the marital

relationship. As Schoppe- Sullivan and colleagues concluded, negatively valenced coparenting behaviors (e.g., criticizing one's partner) showed the most evidence of stability over time and emerged as the most important predictors of later coparenting and later marital behavior.

Historically, researchers examining coparenting relationships have focused primarily on first-marriage and postdivorce parenting practices, yet the importance of the coparenting relationship and the degree to which coparents communicate in nonhostile, supportive ways should, theoretically, be equally relevant to (step)parents coparenting children in stepfamilies. In stepfamilies, however, the biological parent-child relationship precedes the remarried (or cohabiting) relationship, and thus, the coparenting relationship often develops in tandem with the adult romantic relationship. As Fine and Kurdek (1995) noted, the stepparent-to-be is likely to consider his or her prospective spouse and his or her child as an integrated package. Consequently, stepfamily relationships are likely to present additional challenges to enacting coparental communication quality, challenges that ultimately affect the relational satisfaction and mental health of each (step)parent.

### *Coparenting in stepfamilies*

More than two decades ago, Juroe and Juroe (1983) argued that one of the greatest challenges facing stepfamilies is the common myth that stepparenting is just like parenting in the natural family. "A key or basic difference is that a stepparent has assumed the responsibility for helping to raise another individual's children. Most of us have been conditioned to want our own children—not someone else's" (Juroe & Juroe, 1983, p. 26). Not only are stepparents faced with issues of biological ownership (Dawber & Kuczynski, 1999; Schrodt, 2008), but they are also faced with the difficult task of building a warm and caring relationship with their stepchild(ren) while simultaneously being called upon to exercise authority over them (Fine et al., 1998; Schrodt, 2006). This is particularly challenging in stepfamilies where the

children can, and often do, challenge the fundamental legitimacy of one of the "parents" to be a parent (Baxter, Braithwaite, Bryant, & Wagner, 2004). Thus, two primary issues facing stepparents as they begin to coparent their stepchildren with their new partners include the legitimate authority to enact parenting behaviors in the stepfamily and stepparent role ambiguity (Baxter et al., 2004; Fine et al., 1998; Schrodt, 2006). These two issues are further complicated by the degree to which the biological parent (a) either facilitates successful coparenting or inhibits it by maintaining a "guard-and-protect" ideology with his or her offspring (Coleman et al., 2001) and/or (b) acts as a linchpin to the stepparent-stepchild relationship (Baxter, Braithwaite, & Bryant, 2006). Consequently, how biological parents coparent with stepparents could have tremendous implications for stepparents' coparental communication efforts, their relational satisfaction with their new partners, and their own mental well-being.

Similar effects should emerge for biological parents as well, albeit for different reasons. For example, Fine and Kurdek (1995) suggested that when problems arise in the stepparent-stepchild relationship, stepparents may partially attribute these difficulties to action (or inaction) by the biological parent. Golish (2003) noted that communication in stepfamilies is often complicated by the fact that stepfamily members are building relationships from two or more previously established family systems, and this, of course, provides one explanation for the discrepancies in parenting expectations that parents and stepparents often report (Arnaut, Fromme, Stoll, & Felker, 2000). In addition, biological parents often-times undermine their new partners' attempts to enact parenting behaviors within the new stepfamily system (Coleman et al., 2001). In response to these challenges, Golish (2003) found that a primary communication strength differentiating strong stepfamilies from those functioning less well was the couple's ability to communicate a unified front to the children (cf. Cissna et al., 1990). This, in turn, underscores the importance of supportive and cooperative communication among partners as they attempt to coparent children during stepfamily development.

Researchers have also found that one of the fundamental tensions facing biological parents in stepfamilies is divided loyalties or the feelings of triangulation that emerge as parents balance competing messages and demands between their new spouses and their children (Arnaut et al., 2000). There is some evidence to suggest that biological parents may experience loyalty divides as they attempt to build and maintain relationships with a new partner, while caring for their children and facilitating (or inhibiting) the development of the stepparent-stepchild relationship (Arnaut et al., 2000; Baxter et al., 2006; Wilkes & Fromme, 2002). Consequently, the quality of coparental communication that emerges between biological parents and their new partners is likely to have implications for their relational satisfaction and mental health as well.

Overall, then, researchers have demonstrated that the coparenting relationship in both divorced and nondivorced families is pivotal to family functioning. In stepfamilies, the coparenting relationship begins to emerge as the adult romantic relationship develops, and thus, perceptions of coparental communication quality are likely to influence reports of relational satisfaction. Not only might stepparents struggle with issues related to parental authority, role performance, and legitimacy as a coparent in the stepfamily, but parents themselves may struggle with potential loyalty divides and with trusting their new partners to coparent their children competently. Thus, (step)parents' perceptions of whether they feel validated and supported by their coparental partners are important factors to consider when evaluating the strength and integrity of the coparental alliance, an alliance that ultimately affects both the adults' and the children's satisfaction and well-being in the family. To the extent that parents and stepparents develop cooperative and supportive coparental communication patterns, such patterns should increase their relational satisfaction.

Of course, it could also be that highly satisfied partners are more likely to coparent in ways that are supportive, validating, and nonantagonistic. However, Schoppe-Sullivan and colleagues' (2004)

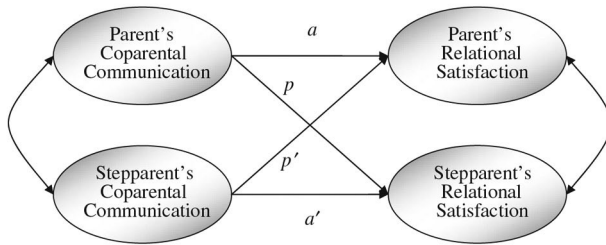
longitudinal research suggests that it is the quality of the coparenting relationship, rather than the stability of the marital relationship, that predicts later marital quality. When coupled with Fine and Kurdek's (1995) claim that stepparents are likely to view their new partners and new stepchildren as an integrated package, we predicted that parents' and stepparents' perceptions of coparental communication quality would positively predict their reports of relational satisfaction:

*H1: In stepfamilies, (step)parents' perceptions of coparental communication quality are positively associated with their reports of relational satisfaction.*

However, extant research provides less evidence to suggest that coparents' reports of relational satisfaction vary as a function of their partner's perceptions of coparental communication (i.e., partner effects). For remarried couples, relational satisfaction in new stepfamilies is typically based on the interpersonal communication skills of spouses (Beaudry, Boisvert, Simard, Parent, & Blais, 2004), although for stepparents, the quality of relationships with stepchildren often emerges as most central to relational and familial satisfaction. For example, Schrodt, Soliz, and Braithwaite (2008) tested a social relations model of relational satisfaction in stepfamilies and found that parents' reports of satisfaction with their partners varied primarily as a function of relationship effects, whereas stepparents' reports of satisfaction varied as a function of unique relationship, actor, and partner effects. Thus, there is indirect evidence to suggest that stepparents' reports of relational satisfaction may vary as a function of their partners' behaviors, although the direction and magnitude of any partner effects specific to coparental communication remain in question. To investigate this issue, then, both partner effects were tested in our hypothesized model (Figure 1).

A second, but equally important goal of our investigation was to examine the influence of coparental communication quality on the mental health





**Figure 1.** Hypothesized actor-partner interdependence model of coparental communication and relational satisfaction in stepfamilies ( $N = 127$  dyads). A second model was tested predicting residential parents' and stepparents' reports of mental health symptoms in place of relational satisfaction.  $a =$  actor effect for parents;  $a' =$  actor effect for stepparents;  $p =$  partner effect for parents;  $p' =$  partner effect for stepparents.

of couples in stepfamilies. Historically, couples with stepchildren are much more likely to divorce than those without stepchildren (Coleman et al., 2000), primarily as a function of the stress associated with stepfamily living. Indeed, discrepancies between each (step)parent's expectations and perceptions of responsibility are related to both depression and marital adjustment for both parents (Feinburg, 2003; Voydanoff & Donnelly, 1999). Although biological parents must often cope with feeling torn between their new partner and their children as they experience stress in parenting children postdivorce (Wilkes & Fromme, 2002), the stress for stepparents may be even more acute as they are called upon to help raise children that are not their own and often do so with tremendous role ambiguity. Using a risk and resilience perspective, Gosselin and David (2007) argued that "communication is central to all stepfamily relationships and is linked to almost every aspect of stepfamily members' psychosocial adjustment" (p. 49). Consequently, we advanced our second hypothesis and tested an identical APIM for mental health:

*H2: In stepfamilies, (step)parents' perceptions of coparental communication quality are positively associated with their reports of mental health.*

The final purpose of our investigation was to explore the extent to which relational satisfaction mediates the influence of coparental communication on parents' and stepparents' mental health. One of the consistent themes to emerge from the literature on coparenting is that the nature and quality of coparental communication represents a key theoretical mechanism that facilitates adult adjustment. For example, Arnaut and colleagues (2000) reported that a consistent theme associated with stepfamily formation was a theme of stress, and the stress associated with coparenting often spilled over into the marital relationship, at times supplanting the marital relationship. In fact, the parents in Arnaut and colleagues' investigation reported that they coped with the stress of raising a stepfamily by trying to strengthen their relationship with their remarried partner.

It is no secret that the association between marital quality and personal well-being occupies a central place in marital relationship research (Kiecolt-Glaser et al., 1993; Kiecolt-Glaser et al., 1997; Whisman, 2001). Although most scholars believe that the associations among marital quality, psychosocial adjustment, and mental well-being are reciprocal in nature, some researchers have pointed to the potential impact that marital distress and discord have on the stress levels and well-being of marital partners. For example, Kiecolt-Glaser and Newton (2001) demonstrated that marital distress predicted depression and psychological distress in married adults. Proulx, Helms, and Buehler (2007) conducted a meta-analysis on the relation between marital quality and personal wellbeing and reported an average weighted effect size of .37 for cross-sectional research. Importantly, their analysis revealed a longitudinal finding that the strength of the association is stronger when personal wellbeing is treated as the dependent variable. Proulx and colleagues concluded their results were consistent with theoretical models that position marital quality as a predictor of personal well-being (e.g., the marital discord model of depression; see Beach, Sandeen, & O'Leary, 1990). Such models typically posit that marital discord or dissatisfaction likely leads to increased risk of depression by limiting or removing available resources (e.g., spousal

support) and increasing spouses' stress. When coupled with the coparenting literature noted above (e.g., Schoppe-Sullivan et al., 2004), the results of Proulx and colleagues' research tend to suggest that parents' and stepparents' reports of relational satisfaction could potentially mediate the association between their reports of coparental communication and mental health. To test this final line of reasoning, we advanced the following hypothesis (Figure 2):

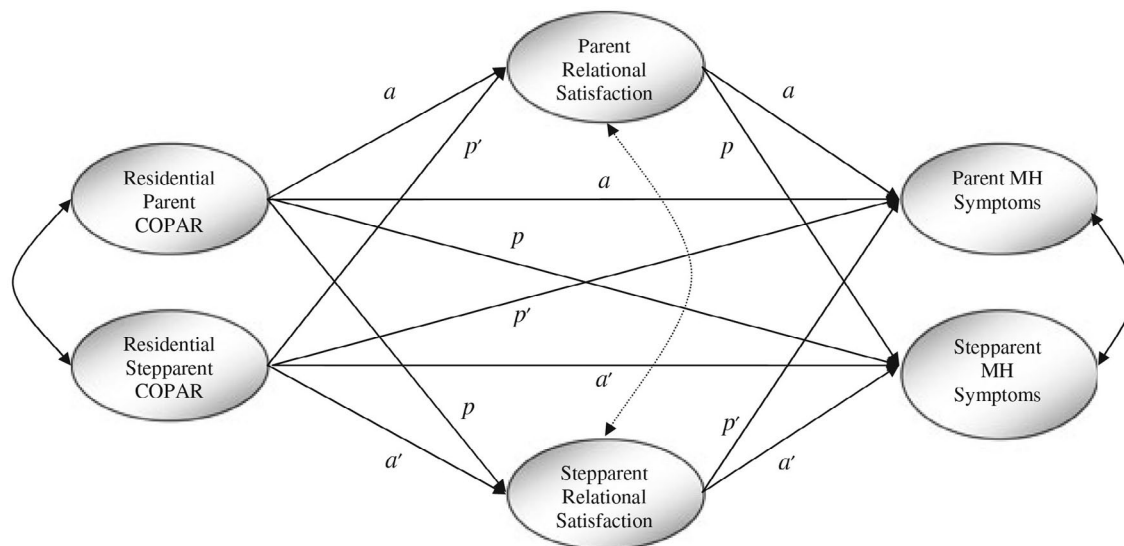
H3: *In stepfamilies, (step)parents' reports of relational satisfaction partially mediate the association between their perceptions of coparental communication quality and their mental health.*

**Method**

*Participants*

The data reported here were collected as part of a larger program of research investigating interpersonal communication and family functioning in stepfamilies. In a previous report, stepfamily triads (i.e., residential parents, stepparents, and stepchildren) reported on frequencies of everyday talk (e.g.,

small talk, gossip, and decision making) with each other and with the nonresidential parent (Schrodt et al., 2007). In this study, a total of 127 residential parents (aged 23–69 years,  $M = 47.86$ ,  $SD = 6.42$ ) and 127 stepparents (aged 20–69 years,  $M = 48.06$ ,  $SD = 8.28$ ) participated ( $N = 254$ ). The majority of participants were Caucasian (83.5%,  $n = 106$  dyads) and lived in either the Midwestern ( $n = 144$ , 72 dyads) or Southwestern ( $n = 110$ , 55 dyads) regions of the United States. Stepparents included 89 stepfathers and 38 stepmothers, the majority of whom were remarried (89.0%) and had been previously divorced once (74.0%), although 4 (4.1%) had never been divorced, 16 (16.5%) had been divorced twice, and 3 (3.1%) had been divorced three times. Parents included 35 fathers and 92 mothers, the majority of whom were remarried (88.2%) and had been previously divorced once (70.1%), although 23 (18.1%) had been divorced twice and 3 (2.4%) had been divorced three times. Three dyads included same-gender couples, but given no prior evidence to suggest that the associations among coparental communication quality, relational satisfaction, and mental health vary as a function of the gender composition of the dyad, these couples were retained in the analysis.



**Figure 2.** Hypothesized actor-partner interdependence model of coparental communication, relational satisfaction, and mental health ( $N = 127$  dyads). COPAR = coparental communication quality; MH = mental health;  $a$  = parent actor effects;  $p$  = parent partner effects;  $a'$  = stepparent actor effects;  $p'$  = stepparent partner effects.

For stepparents, the highest level of education completed ranged from some high school (1.6%) to a PhD (6.3%), although the majority had completed some college (38.6%), a bachelor's degree (23.6%), or a high school diploma (19.7%). For parents, the highest level of education completed ranged from some high school (3.1%) to a PhD (4.7%), although the majority had completed some college (37.0%), a bachelor's degree (25.2%), or a high school diploma (17.3%). Both parents and stepparents reported combined household incomes that were distributed fairly evenly and ranged from less than \$30,000 a year to more than \$100,000 a year, although the sample was somewhat affluent with 26.8% of the adults reporting combined household incomes in excess of \$100,000 a year. The average length of stepfamily formation ranged from 6 months to 27 years ( $M = 10.2$  years,  $SD = 6.2$ ).

### Procedure

The original data included multiple members of individual stepfamilies (i.e., stepchildren, parents, stepparents, and nonresidential parents) and were collected using purposive and network sampling techniques. First, the researchers entered classes at two large universities in the Midwest and Southwest, and solicited direct participation from a variety of young adult stepchildren. As part of these efforts, participants were invited to recruit their parents and stepparents for participation in the research, and the data for this study consist only of the remarried (or cohabiting) partners' responses. All participants completed the questionnaire on a volunteer basis, and in classes where instructors granted permission, students were awarded minimal class credit (less than 2%) for completing the questionnaire and for returning completed questionnaires from other members of their stepfamily.

Second, students not qualifying as members of a stepfamily, as well as faculty members, friends, and fellow community members, identified additional participants meeting the criteria for inclusion and willing to complete a questionnaire. Participants provided a phone number at the bottom of the consent

form to verify participation, and returned questionnaires to the researchers in sealed envelopes so as to protect confidentiality. To verify the participation of those respondents completing questionnaires through the network sampling procedures ( $n = 184$ ), a research assistant randomly called 25% of the respondents to verify that they had indeed participated in the study and completed the questionnaire. All 46 respondents verified participation.

### Measures

#### Coparental communication quality

Participants' perceptions of coparental communication quality were measured using Ahrons's (1981) Quality of Coparental Communication Scale (QCCS). As Van Egeren and Hawkins (2004) noted, coparenting can be measured either as a dyadic variable or as an individual variable, so long as the individual variable approach assesses each partner's feelings or behaviors within the context of the coparenting relationship (i.e., items should specifically reference the partner's existence). Given that Ahrons's QCCS is the most established scale of coparental communication used in postdivorce research, we employed it in this study. The scale is composed of 10 Likert items assessing (step)parents' perceptions of hostility (e.g., "When my current spouse and I discuss parenting issues, the atmosphere is one of hostility and anger" and "My current spouse and I have basic differences of opinion about issues related to childrearing") and mutual support in the coparenting relationship (e.g., "When I need help regarding the children, I seek it from my current spouse" and "I am a resource to my current spouse in raising the children"). Responses were solicited using a 5-point scale that ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Hostility items were reverse coded prior to calculating average scores. The validity and reliability of the QCCS are well established (Ahrons, 1981; Ahrons & Tanner, 2003; Bonach et al., 2005), and in this study, the scale produced acceptable internal reliability with Cronbach's  $\alpha$  coefficients of .88 and .84 for parents and stepparents, respectively.



## Relational satisfaction

Relational satisfaction was operationalized using a modified version of the Marital Opinion Questionnaire (Huston, McHale, & Crouter, 1986). The scale consisted of 10 items measuring satisfaction with 7-point semantic differential scales (e.g., “miserable-enjoyable”) and an additional global satisfaction item that ranged from 1 (*completely dissatisfied*) to 7 (*completely satisfied*). Each participant was asked to report his or her satisfaction with his or her partner over the last month. Previous studies have demonstrated the validity and reliability of using the modified version to measure both relational and familial satisfaction (e.g., Afifi & Schrodt, 2003; Schrodt & Afifi, 2007; Schrodt et al., 2008). In this study, the 11-item measure produced strong reliability with  $\alpha$  coefficients of .96 for both parents’ and stepparents’ reports of relational satisfaction.

## Mental health

Participants’ reports of mental health were operationalized using the mental health subscale of Dornbusch, Mont-Reynaud, Ritter, Chen, and Steinburg’s (1991) physical and mental health symptom instrument. The nine-item, mental health subscale asks participants to think about their state of mind over the past 2 weeks and identify how often they have felt overtired, nervous, or worried, “low” or depressed, tense or irritable, sleepless, without appetite, and apart or alone, among other symptoms. Responses were solicited using a 4-point frequency scale that ranged from 0 (*never*) to 3 (*three or more times*). Higher scores represented more frequent mental health symptoms and, thus, poorer mental health. Again, the validity and reliability of the mental health symptom scale is well established (Dornbusch et al., 1991; Schrodt & Afifi, 2007; Schrodt & Ledbetter, 2007), and in this study, the scale produced  $\alpha$  coefficients of .83 and .82 for parents and stepparents, respectively.

## Data analysis

We tested our hypothesized models using the APIM (Cook & Kenny, 2005; Kenny, Kashy, & Cook, 2006). The APIM is a model of dyadic relationships that integrates a conceptual view of interdependence with the appropriate statistical techniques for measuring and testing it (Cook & Kenny, 2005). In doing so, it controls for artificial increases in Type I and Type II errors by accounting for nonindependence of dyadic data. According to Kenny and colleagues (2006), the APIM estimates two types of effects: (a) *actor effects* describe the association between a person’s score on an independent variable and their own score on an outcome variable and (b) *partner effects* describe the association between a person’s score on a predictor variable and his or her partner’s score on an outcome variable. In this study, parents’ and stepparents’ actor effects are represented in Figures 1 and 2 by paths labeled  $a$  and  $a^-$ , respectively, whereas parents’ and stepparents’ partner effects are represented by paths labeled  $p$  and  $p^-$ , respectively.

We employed structural equation modeling (SEM) with maximum-likelihood estimation in LISREL 8.80 to test our hypothesized models (Figures 1 and 2). Consistent with the two-step modeling procedures outlined by Kline (2005), a confirmatory factor analysis of the measurement model was conducted to assess the relation among indicators and their respective latent constructs prior to testing the hypothesized models. The hypothesized measurement model included three constructs for each member of the dyad, totaling six latent constructs altogether for parents’ and stepparents’ (a) perceptions of coparental communication quality, (b) relational satisfaction, and (c) mental health symptoms. All six constructs were formed by *parceling* each related measurement scale into three parcels, which are “aggregate-level [indicators] comprised of the sum (or average) of two or more items, responses, or behaviors” (Little, Cunningham, Shahar, & Widaman, 2002, p. 152). Although items can be parceled into several different combinations (Bandalos, 2002), given unidimensional measures and no a priori rationale to guide

parcel construction, items were assigned to parcels by thirds (e.g., for the coparenting scale, Items 1, 4, 7, and 10 were assigned to Parcel 1; Items 2, 5, and 8 were assigned to Parcel 2; and Items 3, 6, and 9 were assigned to Parcel 3).

For both measurement and structural models, model fit was evaluated with the maximum-likelihood chi-squared statistic. Due to sensitivity of large sample sizes in the chi-squared statistic, the non-normed fit index (NNFI), comparative fit index (CFI), and root mean square error of approximation (RMSEA) were also examined to assess model fit. Values greater than .90 for the NNFI and CFI may indicate reasonably good fit (Hu & Bentler, 1999), whereas RMSEA estimates less than .05 indicate close model fit, values between .05 and .08 suggest reasonable fit, and values greater than .10 suggest poor fit (Browne & Cudeck, 1993). All values were standardized prior to evaluating the models.

## Results

### *Preliminary analyses and tests of nonindependence*

Prior to testing our hypothesized models, we examined the distribution of the data to determine if any violations of univariate normality might threaten multivariate normality. Based on the guidelines outlined by Kline (2005), no instances of extreme skewness or kurtosis emerged. We then conducted preliminary analyses to determine whether or not key demographic characteristics of our sample (i.e., family role, biological gender, and time) might influence the results. No significant, within-dyad differences emerged based on either family role (i.e., parents vs. stepparents) or biological gender (i.e., males vs. females), nor were there any significant between-dyad effects for stepparent role (i.e., stepfather vs. stepmother couples). Likewise, length of relationship and length of stepfamily membership were not correlated with any of the constructs of interest. Proceeding with the recommendations of Kenny and colleagues (2006), a series of Pearson's

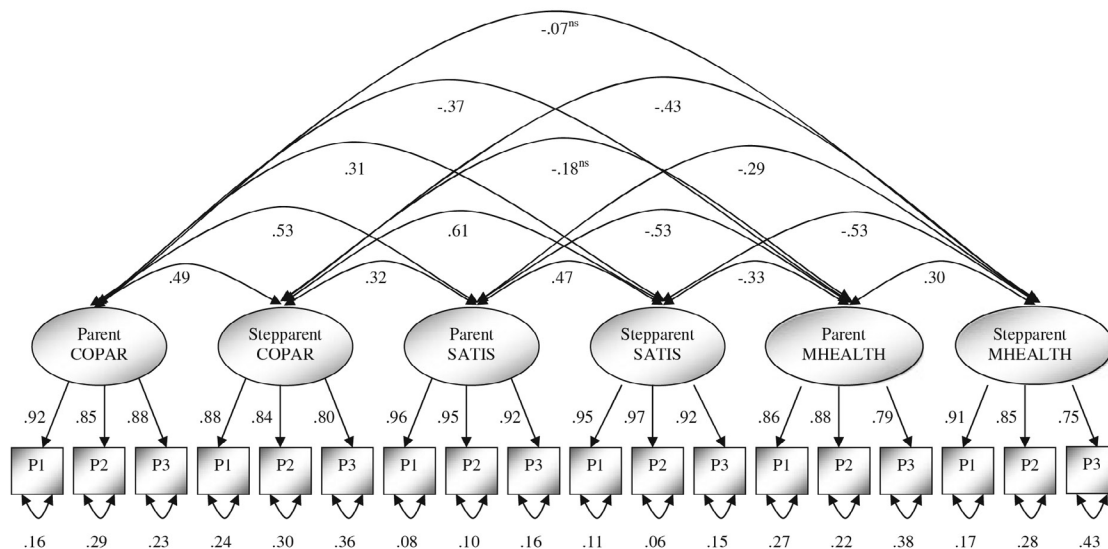
product-moment correlation coefficients were calculated to determine the degree of nonindependence present in the data set. The results revealed moderate degrees of nonindependence for couples' reports of all three constructs (ranging from  $r = .26$  for mental health symptoms to  $r = .46$  for relational satisfaction). Given the amount of nonindependence present in our data, we analyzed the dyad as the unit of analysis.

### *Measurement model*

Using the full sample, the initial measurement model demonstrated excellent model fit,  $\chi^2(120, N = 127) = 143.92, p > .05$ , NNFI = 0.99, CFI = 0.99, SRMR = .04, RMSEA = .037, with a 90% confidence interval of .000–.060. Each of the indicators loaded well on their respective latent constructs, and thus, the measurement model is provided in Figure 3.

### *H1: Coparental communication and relational satisfaction*

Our first hypothesis predicted that (step)parents' perceptions of coparental communication quality would be positively associated with their reports of relational satisfaction (i.e., positive actor effects). The APIM for relational satisfaction produced good model fit,  $\chi^2(48, N = 127) = 92.28, p < .01$ , NNFI = 0.97, CFI = 0.98, SRMR = .04, RMSEA = .079, (90% CI: .051–.106). After controlling for nonindependence in reports of both coparental communication ( $\psi = .49, z = 6.22, p < .01$ ) and relational satisfaction ( $\psi = .27, z = 4.71, p < .01$ ), the model revealed significant actor effects for both parents' ( $\beta = .49, B = .58, z = 4.54, p < .01$ ) and stepparents' ( $\beta = .60, B = .76, z = 5.29, p < .01$ ) reports of coparental communication quality. The model accounted for 29% and 37% of the variance in parents' and stepparents' reports of relational satisfaction, respectively. Both partner effects for parents ( $\beta = .01$ ) and stepparents ( $\beta = .08$ ) were statistically nonsignificant. Thus, our first hypothesis was supported.



**Figure 3.** Final measurement model with facet-representative parcels. All parameters are standardized and significant at  $p < .01$  unless designated otherwise. COPAR = coparental communication; SATIS = marital satisfaction; MHEALTH = mental health symptoms; P1, P2, P3, etc. = parcels.

One advantage of testing APIMs using SEM is that the SEM solution allows model constraints to be placed and tested. This, in turn, enabled us to test whether the actor effects for coparental communication differ significantly for parents and stepparents (Kenny et al., 2006). Constraining both actor effects to equality produced a nonsignificant decline in model fit,  $\Delta\chi^2(1) = .76, p > .05$ , thus providing no evidence to suggest that the difference in the magnitude of the actor effect for relational satisfaction was different for parents and stepparents.

*H2: Coparental communication and mental health*

Our second hypothesis predicted that (step)parents' perceptions of coparental communication quality would positively predict each coparent's report of mental health. The APIM for mental health produced excellent model fit,  $\chi^2(48, N = 127) = 42.51, p > .05$ , NNFI = 1.00, CFI = 1.00, SRMR = .04, RMSEA = .000, (90% CI: .000-.051). After controlling for nonindependence in reports of both

coparental communication ( $\psi = .48, z = 6.17, p < .01$ ) and mental health symptoms ( $\psi = .28, z = 3.49, p < .01$ ), the model revealed significant actor effects for both parents' ( $\beta = -.37, B = -.40, z = -3.17, p < .01$ ) and stepparents' ( $\beta = -.52, B = -.58, z = -4.19, p < .01$ ) reports of coparental communication quality. The model accounted for 14% and 21% of the variance in parents' and stepparents' mental health symptoms, respectively. Consistent with the APIM for relational satisfaction, no significant partner effects emerged for mental health symptoms, although the partner effect for parents' perceptions of coparental communication quality approached significance ( $\beta = .18, B = .21, z = 1.67, p < .10$ ). Nevertheless, the results supported our second hypothesis. Constraining both actor effects for mental health to equality produced a significant decline in model fit,  $\Delta\chi^2(1) = 16.36, p < .01$ . Contrary to the model for satisfaction, this suggests that the positive actor effect of coparental communication quality on mental health is greater for stepparents than for parents.<sup>1</sup>

1. Given the difference in magnitude of the effect of coparental communication on mental health symptoms for parents and stepparents, we conducted additional tests to determine if the strength of the associations among the variables in the model differed for males and females. No significant differences were found.

*H3: Relational satisfaction as a mediator of coparental communication and mental health*

Our third and final hypothesis predicted that relational satisfaction would partially mediate the association between coparental communication quality and mental health. Four conditions are required for mediation (Baron & Kenny, 1986): (a) quality of coparental communication predicts relational satisfaction (H1), (b) quality of coparental communication predicts mental health symptoms (H2), (c) relational satisfaction predicts mental health symptoms (Figure 3), and (d) the association between the quality of coparental communication and mental health is reduced significantly when satisfaction is entered into the model (i.e., for partial mediation).

Given that the hypothesized APIM for H3 (Figure 2) was a saturated model that included all six latent constructs (Kenny et al., 2006), the model fit was identical to the full measurement model,  $\chi^2(120, N = 127) = 143.92, p > .05, NNFI = 0.99, CFI = 0.99, SRMR = .04, RMSEA = .037$  (90% CI: .000–.060). Table 1 presents the unstandardized parameter estimates and error terms, and Figure 4 displays the standardized estimates. Consistent with standard procedures for

model trimming (Kline, 2005), nonsignificant paths were removed iteratively (beginning with the statistically least significant path) until only significant paths remained in the APIM. The trimmed model demonstrated excellent model fit,  $\chi^2(125, N = 127) = 147.77, p > .05, NNFI = 0.99, CFI = 0.99, RMSEA = .036$  (90% CI: .000–.059), and did not produce a significant decline in model fit from the saturated model,  $\Delta\chi^2(5) = 3.85, p > .05$ . Thus, the final APIM is presented in Figure 5.

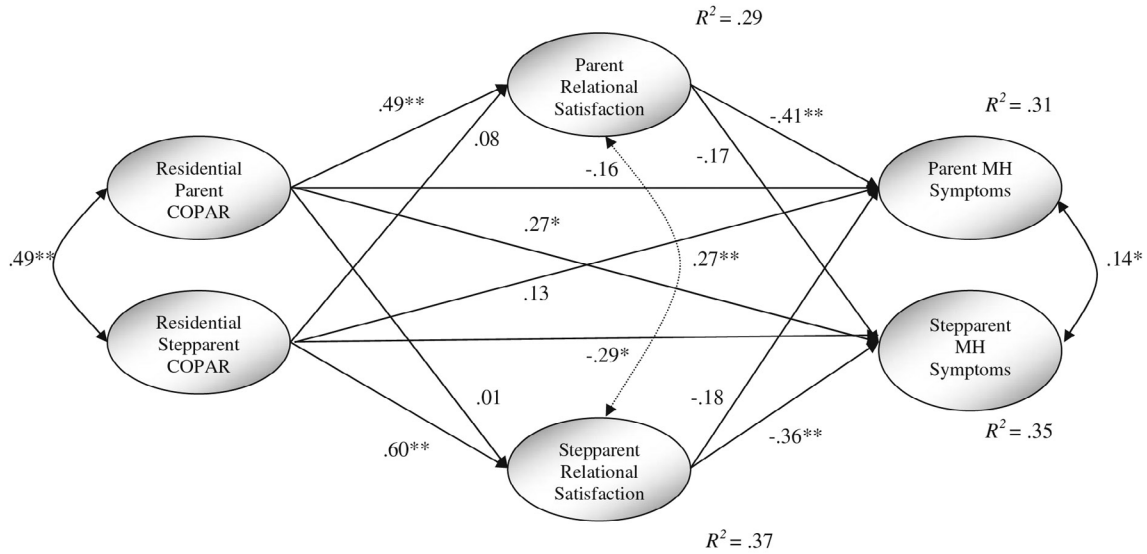
In the final model, parents' reports of coparental communication quality produced a positive actor effect on their relational satisfaction ( $\beta = .53, z = 5.67, p < .01$ ) which, in turn, reduced their mental health symptoms ( $\beta = -.53, z = -5.33, p < .01$ ). The indirect effect of parents' coparental communication on their own mental health symptoms was significant ( $\beta = -.28, z = -4.25, p < .01$ ). When coupled with a nonsignificant path from parents' coparental communication to mental health, parents' relational satisfaction emerged as a full (rather than a partial) mediator of the association between coparental communication and mental health. Thus, the third hypothesis was only partially supported for parents.

**Table 1.** Unstandardized parameter estimates and error terms for the latent constructs in the partial mediation model

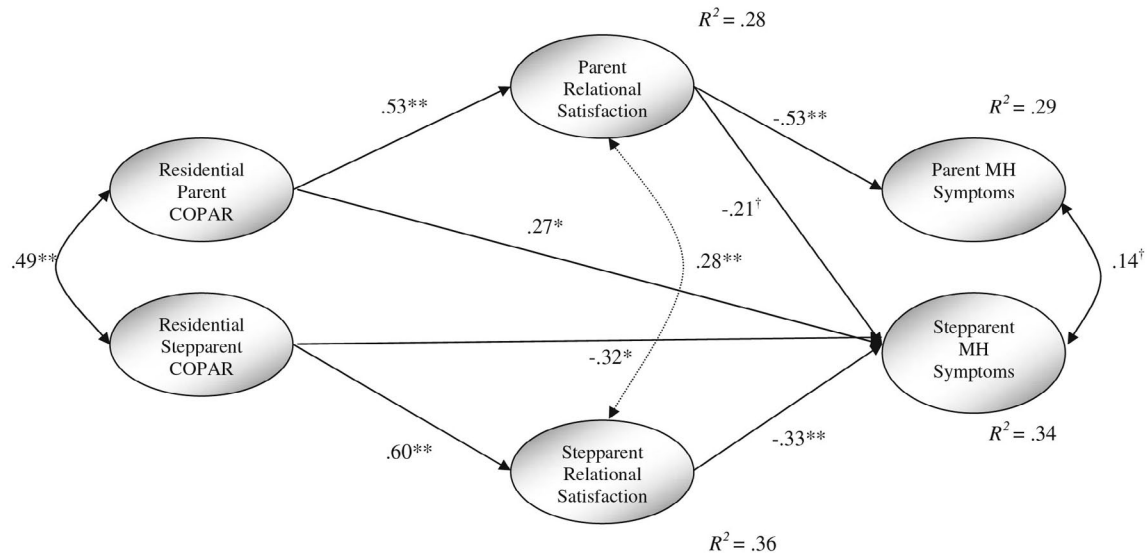
Path	LISREL estimates	
	Loading	Error term
1. Parent COPAR → Parent SATIS	.580**	.128
2. Parent COPAR → Stepparent SATIS	.017	.117
3. Parent COPAR → Parent MH	-.197	.142
4. Parent COPAR → Stepparent MH	.337*	.147
5. Stepparent COPAR → Stepparent SATIS	.763**	.144
6. Stepparent COPAR → Parent SATIS	.095	.117
7. Stepparent COPAR → Stepparent MH	-.356*	.162
8. Stepparent COPAR → Parent MH	.160	.157
9. Parent SATIS → Parent MH	-.417**	.120
10. Parent SATIS → Stepparent MH	-.186	.115
11. Stepparent SATIS → Stepparent MH	-.348**	.121
12. Stepparent SATIS → Parent MH	-.160	.116

COPAR = coparental communication quality; MH = mental health symptoms; SATIS = relational satisfaction.

\*  $p < .05$ ; \*\*  $p < .01$



**Figure 4.** Full actor-partner interdependence model of coparental communication, relational satisfaction, and mental health symptoms ( $N = 127$  dyads). Higher mental health symptoms represent poorer mental health. All parameters are standardized. COPAR = coparental communication quality; MH = mental health. \*  $p < .05$ ; \*\*  $p < .01$



**Figure 5.** Final APIM of coparental communication, relational satisfaction, and mental health symptoms ( $N = 127$  dyads). Higher mental health symptoms represent poorer mental health. All parameters are standardized. COPAR = coparental communication quality; MH = mental health. †  $p < .07$ ; \*  $p < .05$ ; \*\*  $p < .01$

Although parents' reports of satisfaction produced a positive, but marginally significant partner effect on stepparents' mental health ( $\beta = -.21, z = -1.83, p < .07$ ), intriguingly, their reports of coparental

communication quality produced a positive partner effect on stepparents' mental health symptoms ( $\beta = .27, z = 2.48, p < .05$ ). As noted in the APIM for H2, the partner effect for parents' perceptions of



coparental communication quality on stepparents' mental health was positive but statistically nonsignificant. Likewise, the covariance estimate between parents' coparental communication and stepparents' mental health symptoms in the measurement model (Figure 3) was statistically nonsignificant, yet a positive partner effect emerged between these two constructs once relational satisfaction was entered into the structural model. This suggests the presence of a suppressor effect (Tabachnik & Fidell, 2007). In essence, the final APIM suggests that relational satisfaction suppresses the irrelevant variance in parents' perceptions of coparental communication quality so that such perceptions produce a positive partner effect on stepparents' mental health symptoms (thereby indicating poorer mental health). After controlling for nonindependence, parents' reports of coparental communication quality accounted for 28% of the variance in parents' relational satisfaction, and both coparental communication and satisfaction accounted for 29% of the variance in parents' mental health symptoms.

For stepparents, perceptions of coparental communication quality produced a positive actor effect on their own relational satisfaction ( $\beta = .60$ ,  $z = 6.15$ ,  $p < .01$ ), which again reduced their mental health symptoms ( $\beta = -.33$ ,  $z = -2.68$ ,  $p < .01$ ). The indirect effect of stepparents' perceptions of coparental communication quality on their own mental health symptoms was statistically significant ( $\beta = -.19$ ,  $z = -2.60$ ,  $p < .01$ ), yet contrary to the results for parents, stepparents' coparental communication also produced a direct actor effect on their own mental health symptoms ( $\beta = -.32$ ,  $z = -2.36$ ,  $p < .05$ ). Thus, the third hypothesis was fully supported for stepparents. Perceptions of coparental communication quality accounted for 36% of the variance in stepparents' relational satisfaction, and when combined, both parents' and stepparents' reports of coparental communication quality and relational satisfaction accounted for 36% of the variance in stepparents' mental health symptoms.

## Discussion

Our primary goal in this investigation was to test the extent to which perceptions of coparental communication quality predicted relational satisfaction and mental health among couples coparenting children in stepfamilies. Overall, the results supported our hypotheses and provided evidence to suggest that remarried (or cohabiting) couples who coparent in ways that are supportive and cooperative are more likely to be satisfied in their romantic relationships and to report fewer mental health symptoms. Although relational satisfaction fully mediated the association between coparental communication and mental health for parents, it only partially mediated the same association for stepparents, providing further evidence to suggest that different factors may contribute to the satisfaction and well-being of remarried (or cohabiting) adults. Not only do these results begin to address the dearth of research on coparenting relationships within stepfamily households, but they highlight the potential stress and mixed emotions that stepparents may experience as a function of being called upon to raise their new spouse's (or partner's) offspring.

After controlling for nonindependence, the results for our first hypothesis yielded an actor-oriented model whereby each coparent's report of supportive and cooperative communication positively predicted their own (but not their partner's) relational satisfaction. To the extent that parents and stepparents express solidarity and support of each other in their parental strivings, minimize criticism and undermining of their partner's parenting attempts, and participate actively in engaging with and directing the children, both are likely to feel more satisfied in their marital (or cohabiting) relationship. Of course, this is easier said than done as residential parents and stepparents are faced with additional challenges that coparents in first-marriage families are less likely to experience (e.g., role ambiguity and tendencies to guard and protect biological children). Golish (2003) identified several communication strengths that differentiate strong stepfamilies from those having more

difficulty with postdivorce family life, and among them were certain processes that, theoretically, should facilitate supportive and cooperative coparenting relationships. For example, when residential parents and stepparents spend time together, create common ground, actively listen to each other, communicate a sense of inclusion, use family problem solving and family meetings to address problems, and communicate clear rules and boundaries, such behaviors are likely to enhance the coparenting relationship and facilitate supportive and nonantagonistic coparental interactions.

Researchers have also demonstrated that relational satisfaction for remarried couples in stepfamilies is typically based on the interpersonal communication skills of spouses (Beaudry et al., 2004). Consistent with previous research, the results of this study highlight the coparenting relationship as an important context in which competent interpersonal communication skills (i.e., parenting support) can have a meaningful impact on coparents' relational satisfaction. That being said, it is important to note that in this study we assessed each coparent's perception of supportive and nonantagonistic communication with his or her partner, thereby providing a global, affective evaluation of how each partner perceived the coparenting relationship. Our results cannot speak *directly* to the kinds of communication skills that residential parents and stepparents may enact so as to enhance their relational (or marital) satisfaction. As Burleson and Denton (1997) noted, interpersonal communication skill is not a unidimensional construct, and "the association between skill and satisfaction will vary as a complex function of the type of skill examined, the circumstances in which the skill is exercised, and whose satisfaction is viewed as affected by the exercise of the skill" (p. 889). Nevertheless, our results support McHale, Kuersten-Hogan, and Rao's (2004) reasoning that "effective coparenting partnerships can bond marital partners who are struggling, whereas ineffective ones can drive a wedge between two people who, on their own, might each be very adept parents" (p. 223). To the extent that coparenting skills interact more generally with each partner's

message processing and production skills (cf. Burleson & Denton, 1997), future researchers might compare the coparental communication of distressed and nondistressed couples in stepfamilies to more adequately account for specific skills that enhance the satisfaction of such couples.

Consistent with the results for satisfaction, an actor-oriented model emerged again where each coparent's report of coparental communication quality was inversely associated with their own (but not their partner's) mental health symptoms (thus supporting H<sub>2</sub>). One of the primary challenges facing all coparents is the negotiation of expectations and beliefs regarding parenting (Feinburg, 2003). For example, researchers have demonstrated that the discrepancy between each parent's expectations and perceptions of responsibility for child-care support are associated with depression and marital adjustment for both parents (Voydanoff & Donnelly, 1999). Consistent with previous research, our results indicate that when remarried (or cohabiting) adults coparent in ways that are supportive and cooperative, such efforts are likely to ameliorate some of the stress associated with stepfamily development.

More importantly, the positive actor effect of coparental communication quality on mental health is stronger for stepparents than for parents. Previous researchers have documented the precarious position that stepparents find themselves in due, in part, to the ambiguities surrounding the stepparent role (e.g., Fine et al., 1998; Schrodt, 2006), the struggles biological parents sometimes face allowing their new spouses to "parent" their children (Coleman et al., 2001), and the tensions and ambivalence stepchildren experience in relationships with stepparents (e.g., Baxter et al., 2004). To the extent that stepparents can rely on their new spouses (or partners) to affirm, acknowledge, and respect their parenting efforts, as well as uphold their parenting decisions and authority, such efforts are likely to provide a coping mechanism for stepparents as they manage the stress associated with stepfamily development. At a minimum, communicating a unified front to the children has been identified as a family communication strength

that may assist stepfamilies with the developmental process (Golish, 2003). To the extent that parents and stepparents coparent in ways that are supportive and cooperative, such behaviors are likely to not only strengthen a unified front necessary for healthy stepfamily functioning but also reduce the stress associated with stepfamily adjustment and enhance the mental health of each individual parent.

The final purpose of our investigation (H<sub>3</sub>) was to test the extent to which relational satisfaction mediated the association between coparental communication quality and mental health. For parents, relational satisfaction fully mediated the effect of coparental communication quality on mental health symptoms, yet for stepparents, satisfaction only partially mediated the effect. These results are meaningful given that they identify unique sources of variability in the mental health symptoms of parents and stepparents. For example, in previous research on satisfaction, Schrodts and his colleagues (2008) demonstrated that parents' satisfaction with stepparents varies primarily as a function of unique relationship effects, whereas stepparents' satisfaction with parents varies as a function of unique relationship, actor, and partner effects. Consistent with their research, the results of this study underscore an element of the coparenting relationship between parents and stepparents that uniquely influences the mental health of the stepparent even after controlling for the stepparent's satisfaction with his or her new partner, namely, the relationship with the stepchild. The residential parent has an established relationship with his or her offspring, yet the stepparent is often confronted with the unfamiliarity and uncertainty of enacting a "parental" role with a child who is not the biological offspring of the stepparent. Although the residential parent may fully support the coparenting attempts of the stepparent, having a resentful, difficult, and/or indifferent stepchild may induce stress for the stepparent, tax his or her mental health, and create a reluctance to be called upon to help raise the stepchild.

Perhaps the most notable finding from this study, however, was the suppressor effect that emerged for parents' reports of coparental communication quality

on stepparents' mental health symptoms (Figure 5). In essence, parents' reports of supportive and cooperative coparental communication with their spouses (i.e., with stepparents) was a *positive* predictor of stepparents' mental health symptoms (thus leading to poorer health) after controlling for both spouses' relational satisfaction. By and large, coparental communication quality was positively associated with the relational satisfaction and mental health of stepparents, yet to the extent that parents report relying on their spouses for help and support in raising their children, such reliance may constitute a source of stress for stepparents as they attempt to manage the ambiguity associated with the stepparent role.

In many ways, this result underscores a potential source of ambivalence that stepparents may feel as they attempt to build a warm and caring relationship with their stepchild(ren) while simultaneously being called upon to exercise authority over them (Baxter et al., 2004; Fine et al., 1998; Schrodts, 2006). Fine and Kurdek (1994) suggested that remarried couples expected stepparents to be less active in childrearing than parents, yet in earlier studies, parents and stepparents reported that stepparents should share equally in childrearing responsibilities (Giles-Sims, 1984; Marsiglio, 1992). Indeed, there is tremendous variability in stepparent role expectations among individuals in stepfamilies (Fine et al., 1998; Schrodts, 2006). Although stepparents may enjoy a heightened sense of relational satisfaction and reduced stress by participating in a supportive and cooperative coparenting relationship, such relief may be accompanied by a heightened sense of stress that comes from having a spouse who expects the same support and cooperation in return. In essence, a cooperative coparenting relationship may represent a "mixed bag" of emotions for stepparents as they attempt to navigate the unique challenges of raising another individual's child, especially if the child in question does not recognize the authority of the stepparent to act as a parent in the stepfamily system.

Despite the contributions of this research, the results should be interpreted with caution given the inherent limitations of the research design. Although

every effort was made to gather a diverse sample of coparenting couples, the use of purposive sampling techniques limits the generalizability of these results. In addition, the use of self-report methods and the cross-sectional nature of the data warrant caution. Statements of causality based on the results of statistical techniques, such as SEM modeling, must be treated with caution given the correlational nature of the data.

Nevertheless, this investigation extends our understanding of coparenting in stepfamilies by suggesting that coparental communication quality has meaningful associations with relational satisfaction and mental health in remarried (or cohabiting) adults. Future researchers might extend these efforts by gathering additional data from nonresidential parents and examining the potential influence that the ex-spousal relationship has on the coparenting relationship within stepfamily households. Researchers might also consider how feelings of triangulation emerge among stepparents who are forced into the role of mediator between ex-spouses as they coparent children across different stepfamily households (Schrodt et al., 2006). Such investigations may further our understanding of a key theoretical mechanism linking the interparental relationship to healthy stepfamily functioning.

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